PTO/SB/17 (02-07) Approved for use through 02/28/2007. OMB 0651-0032

Under the Paperwork Reduction	espond to a collection of information unless it displays a velid DMB control number								
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				<b>,</b>		10/531,308-Co			
FEE TRANSMITTAL				Filing Date		April 13, 2005			
For FY 2007				First Named Inventor Hiroshi KAJIMARU  Examiner Name G. Mesh			ARU		
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 120.00			74, One			24			
	Attorney Docket No. 0020-5368PUS1								
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING	FEES	SE,	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$)	Fee (\$)	Fees I	Pald (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description							Fee (\$)	Small Entity Fee (S)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims Extra Claims Fee (\$) Fee P				aid (\$) Multiple Dependent Claims					
9 -20 x = =				Fee (\$)			Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Ctaims Fee (\$) Fee Paid (\$)									
Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)  Other (no. lete filling greekerse): 1351 Extension for greenense within first month.									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
SUBMITTED BY Signature	1///	# ZK,808	7.7	Registration No.	32,881	Telephone	(702) 20	E 0000	
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Name (Print/Type) John (W) Bailey Date								April 27, 2007	
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